

<b>Case Number:</b>	CM15-0015766		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	11/15/1996
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female, who sustained an industrial injury on 11/15/1996, as a result of filing medical charts. The diagnoses have included arthropathy, unspecified, other specified sites, cervical facet arthropathy, cervical myofascial strain, and cervical radiculopathy. Treatment to date has included surgical interventions and conservative measures. Currently, the injured worker complains of neck pain, rated 8-9/10, and upper back pain, rated 6-7/10. Current medications included Norco, Naproxen Sodium, Zanaflex, and Dexilant. Physical exam showed tenderness to palpation in the bilateral trapezii and hypertonicity in the bilateral trapezii and paraspinals C3-C6. Current plan included physical therapy (3xweek for 1 month). Physical therapy was noted as prior treatment "with minimal relief". Specific dates or results of treatment were not noted. On 1/22/2015, Utilization Review non-certified a request for physical therapy (frequency and duration unspecified), noting the lack of compliance with MTUS/Non-MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy (frequency & duration not specified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy (frequency & duration not specified) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend for myalgia and myositis 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The documentation is not clear on how many prior therapy sessions the patient has had in the past. Furthermore the documentation indicates that the patient has had minimal relief with prior therapy. Furthermore, the request does not indicate a quantity or body part for therapy. For all of these reasons the request for Physical Therapy (frequency & duration not specified) is not medically necessary.